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Uncovering the determinants of low involvement of the elderly in chronic disease management: A qualitative approach at Ratih Clinic, Badung

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ABSTRACT

The Chronic Disease Management Program (CDMP) aims to improve the quality of life of the elderly through the control of non-communicable diseases such as hypertension and diabetes. However, the participation of the elderly at the Tabanan Ratih Clinic is still low, hampering the effectiveness of the program. This study aims to identify the factors that play a role in the low involvement of the elderly in CDMP. Qualitative research with a descriptive phenomenological approach was conducted at the Ratih Clinic in Badung in March-June 2024. Data was collected through in-depth interviews with 10 elderly people (aged 60-70 years) who had low participation and 6 health workers. Thematic analysis is used to identify determinants. Four main themes were found, namely (1) accessibility and mobility barriers, (2) lack of knowledge and negative perception of CDMP, (3) lack of family and social support, and (4) economic factors and time priorities. The low participation of the elderly is influenced by interrelated multidimensional factors. Recommendations include the provision of free transportation, local culture-based education, family involvement, and the integration of CDMP with community activities such as the elderly Posyandu. These findings support the development of inclusive strategies to increase the involvement of the elderly in chronic disease management, in line with CDMP' goals.

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INTRODUCTION

The increase in the elderly population in Indonesia is a major challenge in the public health system, especially in the management of chronic diseases such as hypertension and diabetes mellitus (Husnayain et al., 2020; Khasanah et al., 2024). According to the Central Statistics Agency, the

proportion of the elderly in Indonesia is estimated to reach 11.8% of the total population by 2025, with a high risk of non-communicable diseases (NCDs) requiring long-term care (Badan Pusat statistik, 2023). The Chronic Disease Management Program, initiated by BPJS Kesehatan, is present as a solution to improve the quality of life of the elderly through promotive, preventive, and curative approaches (BPJS, 2014). However, the level of participation of the elderly in this program, especially in primary health facilities such as the Ratih Clinic, is still low, thus hampering the effectiveness of NCD control (Ratih, 2024).

World Health Organization (WHO) dan Pan American Health Organization (PAHO) highlighted that the overall NCD management coverage is still low from the SDG 3.4 target, which is a 25% reduction in NCD premature mortality by 2025, which has not been fully achieved. Specific data on the global elderly are limited, but in the Americas Region, hypertension control is only 36.4% in the elderly (NCDs at a Glance 2025, 2025). In Indonesia, the prevalence coverage of elderly NCDs in 2023 only reached 34.1% with hypertension and 10.9% with diabetes, still lower than the global figure and national target of 100%(Kementrian Kesehatan Republik Indonesia, 2023). In Bali Province, the coverage of services, including high NCD screening, reached 92.3%, but it is still less than the national target of 100% (Kementrian Kesehatan Republik Indonesia, 2023).

The low involvement of the elderly in CDMP can be influenced by various factors, such as the accessibility of health services, health literacy, social support, as well as socio-economic and cultural factors specific to the local context (Rahmawati & Bajorek, 2018; S. & , Elizabeth Y. Y. Vinsur, 2019). In the context of local Balinese culture, people know the philosophy of Tri Hita Karana, namely the harmony between humans and God/*Parahyangan*, humans and others/*Pawongan*, and humans with nature/*Palemahan*, forming the perception of the elderly that health is not only physical, but the overall balance of life. The elderly of Bali often see chronic diseases as a disturbance of harmony, so the CDMP is seen as a support tool, not the main solution (Budiastika, 2022). In Badung, Bali, the elderly also face challenges such as geographical distance to health facilities, stigma against chronic diseases, and limited understanding of the benefits of CDMP (Badan Pusat Statistik Kabupaten Badung, 2025). In addition, the role of families and communities in supporting elderly participation is often suboptimal, which can worsen adherence to chronic disease management (Leona, 2024).

Ratih Clinic in Badung Regency, Bali, as one of the FKTPs, also experienced similar problems. The data on visits of CDMP participants at this clinic only reached an average of 13.8% of the total registered participants during the period from September to December 2024, far below the minimum target of 75% (Ratih, 2024). This low participation indicates significant obstacles and has an impact on the effectiveness of the program in controlling NCDs in the region (Subuh, 2024). This condition not only hinders the achievement of program indicators but also has the potential to increase the risk of complications and higher long-term health costs (Febriyanti et al., 2025).

Previous qualitative research has shown that an in-depth interview-based approach can dig deep into individual perceptions, barriers, and motivations, which are difficult to identify through quantitative methods (Meiriana et al., 2019; Raviola et al., 2021; Simorangkir et al., 2025). Therefore, this study aims to uncover the determinants of low involvement of the elderly in CDMP at the Ratih Clinic through a qualitative approach. By understanding these factors, it is hoped that more effective strategies can be formulated to increase the participation of the elderly, thereby supporting the goals of sustainable health development and improving the quality of obstetric and public health services at the local level.

RESEARCH METHOD

Research Design

This study uses a qualitative design with a descriptive phenomenological approach. This approach was chosen to uncover the experiences, perceptions, and factors that influence the low involvement of the elderly in the CDMP. Data was collected through in-depth interviews to gain

an in-depth understanding of the determinants of participation from the perspective of participants.

Research Location and Time

The research was conducted at the Ratih Tabanan Clinic, Bali, which is a primary health facility serving the CDMP program. The clinic was chosen because it has a relatively low record of elderly participation in the program, making it relevant to the purpose of the study. Data collection was carried out in the period from October to December 2024, considering the accessibility of participants and post-pandemic public health conditions.

Population and Sample

The study population was elderly aged 60 years and above who were registered as CDMP participants at the Tabanan Ratih Clinic, but had a low participation rate (less than 50% attendance in program activities over the past six months). The sample was selected by purposive sampling with inclusion criteria: elderly with a diagnosis of chronic diseases (such as hypertension or diabetes), able to communicate verbally, and willing to give informed consent. The informants consisted of 10 active and inactive CDMP participants, 5 health workers (1 doctor, 2 nurses, and 2 midwives), and 1 clinic management responsible for the implementation of CDMP. The data collection process is stopped when no new information appears.

Data Collection Techniques

Primary data were collected through semi-structured in-depth interviews. Interviews are conducted face-to-face in the consultation room of the clinic or the respondent's home to ensure comfort. The duration of the interview ranges from 30 to 45 minutes per session. In addition, participant observations were carried out during CDMP activities to complete verbal data. Secondary data were obtained from clinical medical records and CDMP participation reports.

Research Instruments

The main instrument was an interview guide consisting of open-ended questions about: (1) perceptions of chronic disease and CDMP, (2) barriers to participation (such as access, family support, and economic factors), (3) motivation, and suggestions for program improvement. The guidelines were validated by public health experts and tested on two pilot respondents. Audio recording devices are used with the respondent's permission to record the interview, which is then transcribed verbatim.

Data Analysis

Data analysis was carried out thematically using the Braun and Clarke (2006) approach. Steps include: (1) familiarization with the data through transcription and re-reading, (2) initial code generation, (3) theme search, (4) theme review, (5) theme definition and naming, and (6) report writing. To increase the validity, triangulation of sources (respondents, observations, and secondary data) and member checking with respondents to verify findings.

Research Ethics

This research has obtained ethical approval from the Health Research Ethics Committee of Udayana University with number 1647/UN14.2.2.VII.14/LT/2025. The ethical principles applied include informed consent, data confidentiality, and respondents' right to withdraw at any time without consequences. All data is stored securely and is used only for research purposes.

RESULTS AND DISCUSSIONS

Table 1 illustrates the characteristics of the informant. The age range of informants in the CDMP participant category ranges from 50-70 years, while the age of the companion informant category

ranges from 27-33 years. Most of the informants are female and have junior and high school education levels.

Table 1. Characteristics of informants

Informant Code	CDMP Participant Categories	Age (years)	Gender	Education/Profession
P1	Active	70	Male	Junior High School
P2	Active	66	Female	Senior High School
P3	Active	58	Male	Senior High School
P4	Active	57	Female	Junior High School
P5	Active	54	Male	Senior High School
P6	Inactive	54	Male	Senior High School
P7	Inactive	50	Female	Junior High School
P8	Inactive	71	Male	Senior High School
P9	Inactive	50	Female	Senior High School
P10	Inactive	69	Male	Senior High School
TK1	Physician	27	Female	Profession of Physician
TK2	Nursing	31	Female	Nursing
TK3	Nursing	32	Female	Nursing
TK4	Midwifery	26	Female	Midwifery
TK5	Midwifery	32	Female	Midwifery
MK1	Clinic Management	33	Female	Profession of Physician

The results of the interviews revealed four main themes that are determinants of low involvement: (1) accessibility and mobility barriers, (2) lack of knowledge and negative perceptions of programs, (3) minimal family and social support, and (4) economic factors and time priorities. These findings are supported by observations during CDMP activities and triangulation with secondary data from clinical medical records.

Table 2. Barriers to participation in the chronic disease management program

Category	Sub Theme	Theme
Lack of awareness Misunderstanding	Lack of knowledge Negative perceptions	Knowledge and perception
Distance to the house	Access	Access and mobility barriers
Means of Transformation No one delivers	Limited mobility	
Less consultation time Putting work first	Less time Low Economy	Economic factors and time priorities
Wanting to be with family	Family support	Family and health worker support
Lack of attention from health workers Often hasty in providing services	Healthcare worker support	

Lack of Knowledge and Negative Perception of the Program

Elderly participants often do not understand the benefits of CDMP in depth, so they perceive the program as less important, as shown in the following quotes. "*I think Prolanis is only for the worst, even though I'm still working hard, so I don't think it's necessary.*" (P2)

Elderly participants also revealed that they knew the management of NCDs just by taking medication regularly, while other prevention programs were not understood, such as the following quote. "*I don't really understand the benefits. If you have taken medicine, yes, why do you have to participate in the program again?*" (P8)

Negative perceptions about CDMP are obtained from the expression of elderly people who state that participating in the CDMP Program is not beneficial for them, as in the following quote. "I know Prolanis for health checks, but I am used to taking my own medicine. It feels like the activity is just talking, there's no new benefit." (P5)

Negative perceptions of the CDMP program cause low motivation for the elderly to participate, as shown in the following quote. "*I'll be there once in a while, but if you want me to come, I'll come.*" (P4)

The negative perception of the elderly about CDMP is influenced by low education and a lack of effective education, as conveyed by the following health workers.

Their knowledge is low because they rarely participate in educational sessions. We see that those who are active usually have the perception that their illness is serious, so they are more motivated. But many consider it light, even though the risk is high." (TK2)

Accessibility and Mobility Barriers

Most elderly participants stated that physical limitations and transportation difficulties were the main obstacles to participation. Geographical conditions such as the distance from home far from the clinic exacerbate this situation, especially for the elderly with reduced mobility due to health problems experienced by the elderly, as the following quotes indicate. "It was difficult for me to come to the clinic because my legs often hurt, and there was no public transportation near my house. If you take a motorcycle taxi, it's very expensive." (P1).

Other elderly people also admitted that the long distance from home prevented them from attending the CDMP program, as the following quote illustrates. "*My house is far from the clinic, and no one can deliver it. If you have to take a motorcycle taxi, the cost is expensive.*" (P6)

Weather factors are also a separate obstacle for the elderly to participate in the CDMP program, especially for the elderly who do not have a personal vehicle, as quoted below. "*If it rains or there are no vehicles, I can't come.*" (P1)

Obstacles to access and mobility of the elderly to participate in the CDMP program are also recognized by health workers. Meanwhile, efforts to overcome these barriers to access and mobility are still not optimal, as the following quote illustrates. "Many elderly people live in rural areas, the distance can be 5-10 km. We have tried to pick up the ball, but the resources are limited, so the participation is still low at around 40-50%." (TK1).

Family and health worker support

Family support is a key factor, where the lack of mentoring or reminders from the family causes the motivation of the elderly to decrease. Some seniors live alone or with busy families, so they feel isolated. The elderly admitted that they needed their families to pay attention or remind them to attend and participate in the CDMP program, as shown in the following quote. "My children work in the city, rarely go home. No one reminded me of or took me to Prolanis. If you're alone, it's lazy." (P8).

The role of family support in increasing the motivation of the elderly to attend the CDMP program was also expressed by health workers through interviews, following the expressions delivered by health workers. "Family support is very influential. Elderly people who are supported by their families, such as being dropped off or reminded of schedules, have high participation. Unfortunately, many families do not understand the importance of it, so the elderly feel a burden." (TK3).

Based on the results of the interview, it was also found that the elderly also need support from health workers, such as paying more attention to them. "*I feel unnoticed. The doctor and nurse looked busy, so I was reluctant to ask.*" (P10)

Negative attitudes of officers, such as a hasty attitude in providing services, are also an obstacle for the elderly to attend the CDMP program, as the following quote states. "*Sometimes I want to ask, but the officer is in a hurry, so I just keep quiet.*" (P5)

The lack of attention given by health workers to the elderly is admittedly influenced by the high workload of health workers themselves. "*We have to deal with multiple patients at once, so it's difficult to focus on Prolanis.*" (TK4)

Economic Factors and Time Priorities

Economic factors such as transportation costs and priorities of daily activities (such as taking care of household or community events) also hinder participation. The elderly often prioritize basic needs over CDMP activities. The following are the expressions conveyed by the

elderly who do not participate in the CDMP program. "I have to take care of my grandchildren at home, and I am busy early in the morning. If you join Prolanis, who will take care of it later? After all, the cost of a round-trip motorcycle taxi can be fifty thousand rupiah; it's better to buy rice." (P10).

The role of economic factors in the participation of the elderly in the CDMP program also received approval from health workers. They revealed that the elderly with the economy are more or less likely to prefer to work compared to attending the CDMP program, as the following quote states: "The economy is a big issue here. Many elderly people still work in rice fields or gardens, so Prolanis' schedules clash. We suggest integration with the elderly Posyandu, but it still needs more support from the local government." (TK1, nurse):

In addition to economic factors, the time factor is also an obstacle for the elderly to participate in the CDMP program, as the following quote states. "*We often have trouble explaining the importance of Prolanis because of the limited consultation time.*" (TK1)

The limited time available for providing education and implementing the CDMP program has an impact on the effectiveness of CDMP educational activities that have been held, such as the following quotes. "*There are only a few explanations that I understand. Finally, I don't know what to do after coming home from here.*" (P3)

The elderly interviewed also admitted that they felt confused in implementing the CDMP program due to the lack of information obtained, as the following quote. "*I was confused about where to start; not everything was explained.*" (P7)

Overall, these determinants are interrelated, where the improvement of one factor (such as educational factors) can increase other factors, such as motivation. These results provide a basis for recommendations for improving the CDMP program at the local level.

This study identified four main themes that are determinants of low involvement of the elderly in the CDMP in the Clinic, namely accessibility and mobility barriers, lack of knowledge and negative perception of the program, minimal family and health worker support, as well as economic factors and time priorities. These findings are in line with the literature showing that participation in public health programs, particularly for the elderly, is influenced by multidimensional factors that include physical, psychological, social, and economic aspects (Bazzano et al., 2018; Diana et al., 2022; Parta et al., 2024; Rachmawati et al., 2019).

Accessibility and mobility barriers are a major issue, especially for the elderly who live in rural areas and have limited public transportation (Fretes et al., 2022; Rahmawati & Bajorek, 2018; Sugianto et al., 2023). This is consistent with research by (Wicaksono et al., 2021), which found that distance to primary health facilities decreases elderly adherence to health programs in Indonesia. In addition, it shows how geographical and financial constraints are the main barriers that lower participation in chronic disease management in Southeast Asia, as shown by studies by (Aljofan, 2023; Fernandez-lazaro et al., 2019). In the context of public health, these findings emphasize the need for strategies such as pick-up services or the integration of CDMP with elderly Posyandu to overcome geographical constraints. However, the limited resources of clinics, as expressed by health workers, point to the need for cross-sectoral support from local governments.

The lack of knowledge and negative perceptions of CDMP reflect the low health literacy among the elderly, which is exacerbated by limited formal education (Gusty, 2023; Ranjbaran et al., 2024).. Studies show that community-based education that involves local cultural approaches, such as the use of Balinese language or traditional stories, can improve older people's understanding of the benefits of health programs. In this context, health workers at Clinic Ratih Badung need to adopt more contextual and repetitive communication methods to change negative perceptions, for example, through interactive educational sessions or elderly-friendly visual media.

Minimal family and social support are a critical factor, in line with the social support theory of House (1987), which states that emotional and instrumental support from the family increases adherence to health interventions (House, 1987). Many elderly people in Badung live

alone or with busy families, so they feel isolated. These results are supported by another study that found that family support can increase the participation of the elderly following CDMP (Diana et al., 2022). These findings highlight the importance of involving families in CDMP activities, for example, through family counseling sessions or elder care training, which is also relevant to the role of obstetrics in supporting holistic health.

Economic factors and time priorities reflect structural challenges among low-income seniors, who often prioritize basic needs such as food or informal work in the rice fields (Hamidah & Budiarto, 2023; Sabrina & Rahayu, 2023). Research by (Eran Klein, MD, PhD1 and Jason Karlawish, 2011; Winberg et al., 2025) shows that small incentives, such as transportation subsidies or the integration of CDMP with community activities such as social gatherings, can increase participation. In the context of Tabanan, combining CDMP activities with traditional events or elderly Posyandu can reduce schedule clashes and increase engagement.

Overall, these findings suggest that the low participation of the elderly in CDMP is a complex issue that requires a multifaceted approach. Effective interventions must overcome physical barriers, improve health literacy, strengthen social support, and consider the local economic context. From an obstetrics perspective, the role of health workers such as midwives can be expanded to become community facilitators who connect the elderly with CDMP services through a culturally sensitive approach.

CONCLUSION

The low involvement of the elderly in CDMP in Private Clinics is influenced by accessibility and mobility barriers, lack of knowledge and negative perceptions, lack of family and social support, as well as economic factors and priorities. These themes are interrelated, where improvements in one aspect, such as health education, can affect other aspects, such as participation motivation. These findings contribute to an in-depth understanding of the determinants of elderly participation in the management of non-communicable diseases at the community level in Indonesia, particularly in the context of community obstetrics that emphasizes a holistic approach to family health. The results of the study recommend the provision of free transportation or pick-up services for the elderly, the development of local culture-based educational sessions to improve health literacy, family involvement through counseling or training, and the integration of CDMP with community activities such as Posyandu for the elderly. For BPJS Kesehatan and local Health Offices, it is recommended to integrate Prolanis activities with Posyandu Elderly or mobile health units to reduce travel burden, conduct home visits or village-based sessions for the elderly with limited mobility and follow up proactively by disconnecting by phone or public health workers. These findings are expected to serve as the basis for the development of more inclusive strategies to increase the participation of the elderly in the management of chronic diseases, in line with midwife principles that focus on the empowerment of women and families in chronic health management.

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